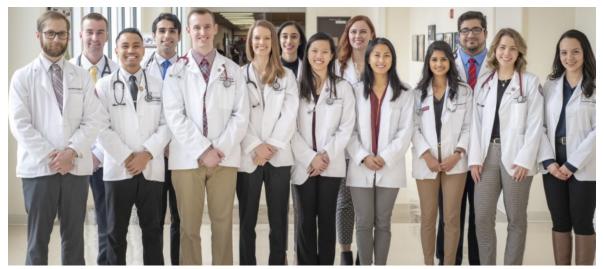
Peer Directed Advocacy Education: Embedding Anti-Racism into Leadership Training at a Student-Led Free Clinic

Maria Mercurio, Lauren Gard, Jyothi Thippana, Kathryn Fritz, Henna Ata, Dr. Melissa Chen



The Interprofessional Community Clinic at Rosalind Franklin University

- Student-led free clinic in Lake County, IL
 - Provides services in medicine, podiatry, behavioral health, and physical therapy
 - Led by interprofessional (IP) students across different graduate health programs



Health Diversity Task Force



- ICC leadership reflect on events in 2020 & our role in perpetuating systematic racism in healthcare
- Focused on structural and organizational changes
- Formed internal task force & collaborated with institute's D&I office to:
 - Evaluate ICC mission and recruitment process
 - Develop executive positions & recruit faculty advisor
 - Develop Justice, Equity, Representation & Inclusion (JERI) training for incoming executive leadership

Administration Methods

- Led by: Outgoing student leadership & Dr. Heather
 Kind-Keppel, Executive Director of Diversity & Inclusion
- Audience: Incoming student leadership (IP 1st & 2nd year)
- Timing: Three 2-hour sessions completed over one weekend
- Delivery: Synchronous, didactic, and interactive workshop via Zoom

Training Objectives

- 1. Learn historical context of systemic and structural racism in medicine and healthcare.
- 2. Recognize influences of social structures on patient health, practice of healthcare and develop strategies for responding to structures in clinical settings and beyond.
- 3. Understand structural violence, reflect on privilege, and recognize responsibility to proactively challenge disparate systems.

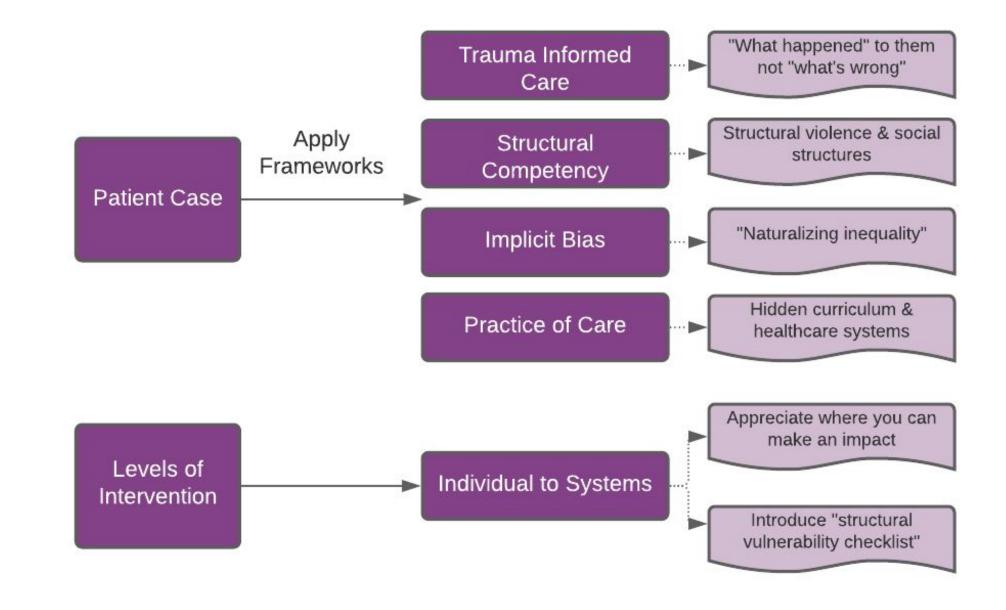
Create Ground Rules

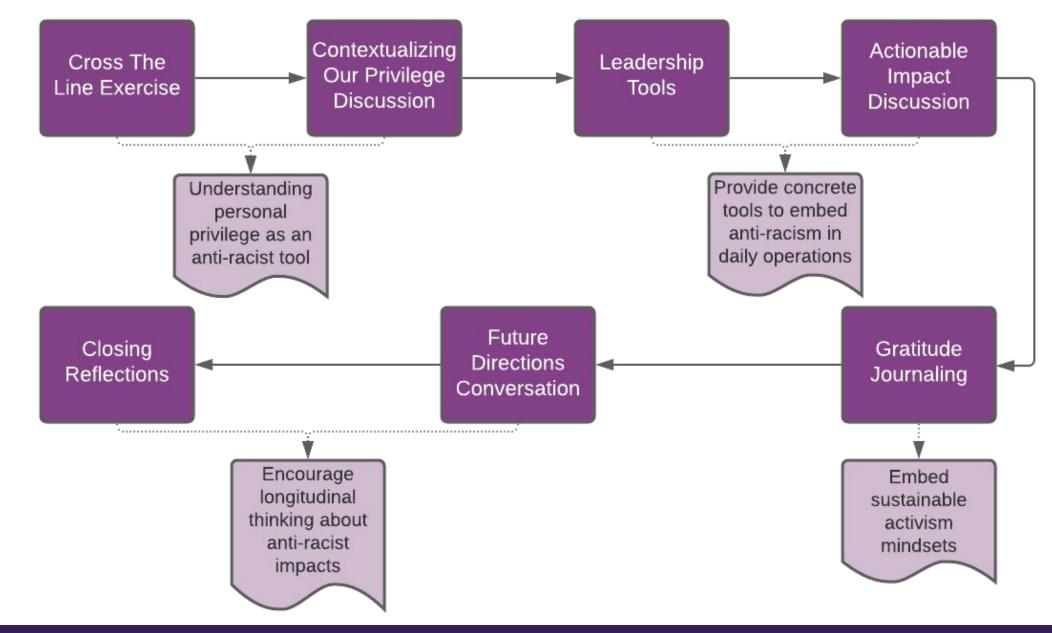
Defining Concepts

- 1. Define terms including race, ethnicity, culture, and racism
- 2. Identify actions that perpetuate inequities
- 3. Specify our goals and values as leaders and future healthcare providers

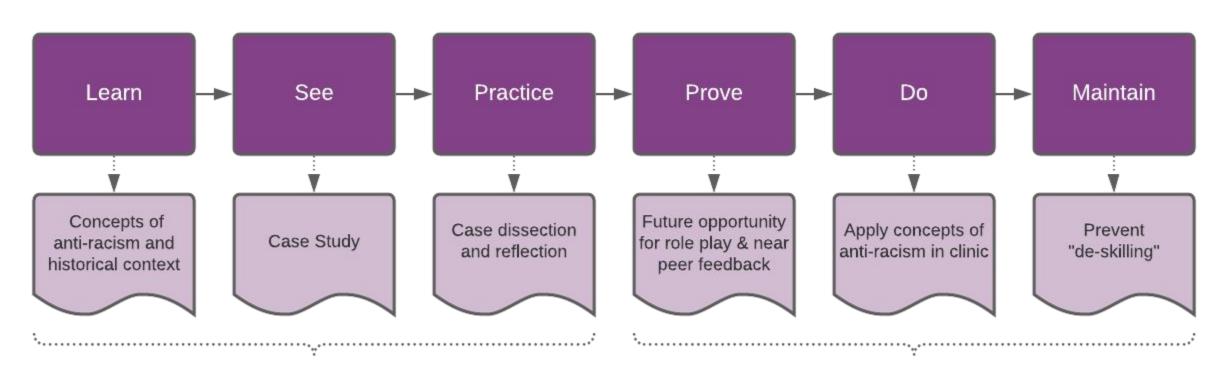
History and the Roots of Structural Racism

- 1. Discuss historical events that have occurred due to structural racism
- 2. Address how many current advances in healthcare exist due to the exploitation of minority and racially marginalized groups





Contextualizing Anti-Racism



JERI Training

ICC & Beyond

Limitations

TIME

- → Anti-racism content is vast and cannot all be captured in a single training
- → Students have many time restraints, making long trainings more difficult to implement

REACH

- → Participants currently limited to ICC
 Executive Board (16 students per year)
- COVID prevented in-person training, which contributed to decreased attendance incentive

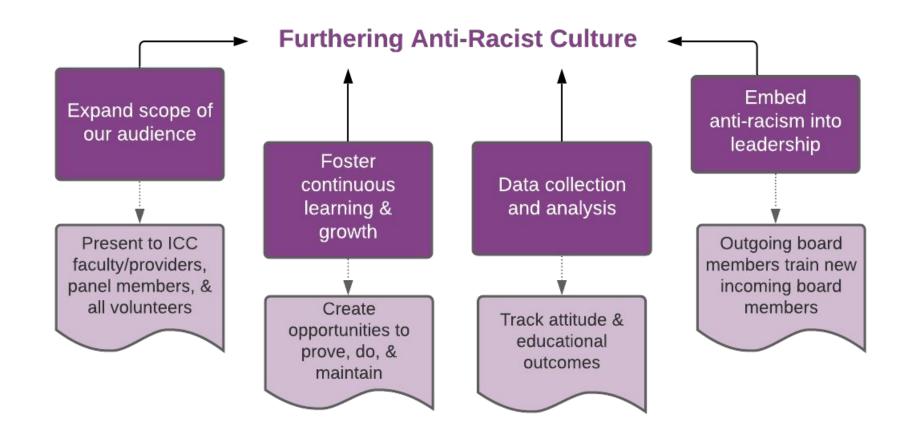
EXPERTISE

- → Input from experts in the field and dedicated scholars was limited
- → Acute need for training limited availability of administrative support for compensating expert collaborators

SUSTAINABILITY

- Annual leader turnover limits ability to implement longitudinal training
- Contingent on future leadership committing to perpetuating an anti-racist culture

Future Directions



Questions?

Contact Us:

maria.mercurio@my.rfums.org
lauren.gard@my.rfums.org
kathryn.fritz@my.rfums.org
jyothirmayi.thippana@my.rfums.org
henna.ata@my.rfums.org

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Resources:

- 1. Sawyer T, White M, Zaveri P, et al. Learn, see, practice, prove, do, maintain: An evidence-based pedagogical framework for procedural skill training in medicine. *Academic Medicine*. 2015;90(8). https://journals.lww.com/academicmedicine/Fulltext/2015/08000/Learn_See_Practice_Prove_Do_Maintain_An.13.aspx.
- 2. Joshua N, Holmes Seth M, Knight Kelly R, et al. Structural competency: Curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. *MedEdPORTAL*. 2020;16. https://doi.org/10.15766/mep_2374-8265.10888. doi: 10.15766/mep_2374-8265.10888.

